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02477 7590 02/09/2006  
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP  
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NEW YORK, NY 10004  
02/14/2006 TBESHAW2 00000075 060920 09669051  
01 FC:2501 50.00 DA 650.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Stephen S. Rabinowitz (40-286) (Depositor's name)	(Reg. No.)	(Signature)
		(Date)
February 13, 2006		

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/669,051	09/24/2000	P. Nicholas Franao	31110-0002	2612

TITLE OF INVENTION: METHODS FOR TREATING AN ARTERY OR VEIN IN A HUMAN SUBJECT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$50	\$0	\$50	05/09/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SRIVASTAVA, KAILASH C		1655	424-094640		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fried, Frank, Harris  
Shriver & Jacobson LLP

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Proteon Therapeutics LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kansas City, Mo.

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0920 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date February 13, 2006

Typed or printed name Stephen S. Rabinowitz

Registration No. 40,286

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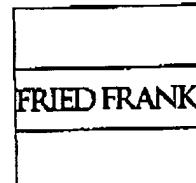
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## FAX COVER SHEET



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**Comments:**

Re: Application No. 09/669,051 by FRANANO

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